

**DETERMINATION AND FINDINGS
FOR A
SOLE SOURCE PROCUREMENT**

Agency: D.C. Fire and Emergency Medical Services Department
Contract No: CW96376
Caption: Third Party Basic Life Support (BLS) Transport Services
Contractor: American Medical Response Mid-Atlantic, Inc.

FINDINGS

1. AUTHORIZATION:

D.C. Official Code §2-354.04, 27 DCMR 1304, 1700 and 1701; 27DCMR 2005.2 (b)

2. MINIMUM NEED:

The District of Columbia Fire and Emergency Medical Services Department (FEMS) has an urgent and immediate need to contract with a third-party ambulance company to provide pre-hospital medical care and transportation for Basic Life Support (BLS) calls for service; dispatch services; and Nurse Triage Line (NTL) services within the District.

American Medical Response Mid-Atlantic, Inc. (or “AMR”), has provided these services to the District since 2016 and is the only company within this region that has the equipment and certified personnel to provide the aforementioned services.

The period of award shall be the date the award is executed through 365 days thereafter.

3. ESTIMATED REASONABLE PRICE:

The estimated price for this equipment is **\$14,206,840.04.**

4. FACTS WHICH JUSTIFY SOLE SOURCE PROCUREMENT:

Under existing District law, FEMS is required to provide pre-hospital medical care and transportation within the District. The District’s current emergency medical services call volume has been at a historic high, including fluctuations during the past 20 months due to the Covid-19 outbreak. Unfortunately, this increasing call volume has adversely affected FEMS’ ability to timely respond to all (Advanced Life Support and BLS) emergency calls and provide quality care. A second critical factor is that emergency response units are required to remain out-of-service while transporting and transferring low acuity (BLS) patients to a hospital’s care. Once a patient is transported, the average time that a FEMS transport unit has to remain at the hospital ranges from forty-five (45) to fifty- six (56) minutes. At times, while FEMS’ patient transports are being used for calls requiring only a BLS level of care, there are no ambulances available to respond to

more critical, time-sensitive calls for emergency medical services. That lost time can have life and death consequences and therefore creates a threat to the public health, welfare and safety of District residents and visitors.

On October 6, 2015, the Council of the District of Columbia approved emergency legislation allowing FEMS to contract with third-party, private ambulance companies to provide supplemental pre-hospital medical care and BLS ambulance transport services. Since the implementation of the project, the “average time on EMS calls” for medic units has decreased to 45 minutes, while the “average time on EMS calls” for ambulances has decreased to 42 minutes, both during FY 2019. Combined medic unit and ambulance availability (11 or more transport units available for calls) has averaged 98% during FY 2019.

From October 11, 2016 (the execution of the District’s first contract with AMR) to present, AMR has maintained a successful track record of providing pre- hospital medical care and transportation to FEMS. Adding NTL services to the contract in 2019 has successfully diverted callers seeking non-emergency medical transport to medical providers to receiving non-medical transport through an AMR on-call Emergency Care Nurse (ECN).

AMR is required to meet the following minimum requirements:

- (1) Be in compliance with District certification requirements as prescribed under 29 DCMR § 501 (Ambulance Services); and 29 DCMR § 510 (Emergency Medical Services Agency Vehicles certifications);
- (2) Have a sufficient number of ambulances to respond to calls anywhere within the six battalions of the District within 10-12 minutes of receipt of a call from FEMS;
- (3) Have a designated Medical Director who will be responsible for meeting all District Department of Health requirements for the medical direction of AMR’s emergency medical staff;
- (4) Be able to integrate into the Global Positioning System within FEMS’ dispatch system;
- (5) Possess, maintain and keep in full force during the term of the contract, at its own costs and expense, insurance coverage at the limits prescribed by the District’s Office of Risk Management;
- (6) Have the equipment and software necessary to complete and submit reports utilizing Safety Pad ePCR (electronic patient care reports) software;
- (7) Provide appropriate dispatch services; and
- (8) Maintain sufficient ECN staff to provide a 9-1-1 telephonic nurse triage line for

callers.

CERTIFICATION BY AGENCY HEAD:

I hereby certify that the above findings are true, correct and complete.

John Donnelly
D.C. Fire and EMS Department

Date

CERTIFICATION BY CONTRACTING OFFICER:

I have reviewed the above findings and certify that they are sufficient to justify the use of the sole source method of procurement under the cited authority. I certify that the notice of intent to award a sole source contract was published in accordance with 27 DCMR 1304 and that no response was received. I recommend that the Chief Procurement Officer approve the use of the sole source procurement method for this proposed contract.

Tyranny Hunter
Contracting Officer

Date

DETERMINATION

Based on the above findings and in accordance with the cited authority, I hereby determine that it is not feasible or practical to invoke the competitive solicitation process under either Section 402 or 403 of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Law 18-371; D.C. Official Code § 2-354.02 or 2-354.03). Accordingly, I determine that the District is justified in using the sole source method of procurement.

George A. Schutter
Chief Procurement Officer

Date